

KSC VISITOR BADGE REQUEST

Fax No. 867-4854

Mail Code: KSC Badging Office

Phone No. 867-7763

Date of Request _____

Date of Visit: Start Date _____ End Date _____

Badge Type: White-Unescorted ___ Pink-Escorted ___ Media ___

Area(s) to be Visited _____

Purpose of Visit _____ Job Site Contact _____

Visitor Information

Name (*last, first, mi*) _____

Country of Citizenship _____ Date of Birth _____

Place of Birth (*City, State*) _____

SSN # _____ Naturalization # _____ Alien Reg # _____

Company Name _____

Company Address _____ City _____ State _____ Zip _____

Badging Official Information

Badging Authority Name (*printed*) _____

Badging Authority Company (*printed*) _____ Org. ID _____

Construction Contract No. (*if applicable*) _____ Code No. _____

Telephone No. _____ Fax No. _____ Other No. _____

Badging Authority Signature _____

By my signature, I have confirmed with the requestor the validity of this visit.

NOTICE

page ____ of ____

PRIVACY ACT 1974 PL 93-579

THE ATTACHED INFORMATION IS PROTECTED BY THE "ACT" AND DISCLOSED AS PROVIDED BY NASA RULES PART 1212 AND THE PROVISIONS OF 5 U.S.C. 552A.

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